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JCS 0960 U.S. PTO

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PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 11252-009

First Inventor DEVERILL, Ian J.

Title COMPUTER SYSTEM PERFORMANCE

MONITORING USING TRANSACTION LATENCY DATA

Express Mail Label No. EL100649425US

APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 37] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS			
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>			
11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:			
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		of prior application No.: _____ / _____	
Prior application information: Examiner _____ Group Art Unit: _____			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 20px; vertical-align: middle; margin-left: 10px;">  <small>(Insert Customer No. or Attach bar code label here)</small> </div>		or <input checked="" type="checkbox"/> Correspondence address below	
Name	John F. Letchford		
Address	Klehr, Harrison, Harvey, Branzburg & Ellers LLP 260 South Broad Street		
City	Philadelphia	State	PA
Country	US	Telephone	215-569-3495
Telephone	215-569-3495	Fax	215-568-6603
Name (Print/Type)	John F. Letchford	Registration No. (Attorney/Agent)	33,328
Signature			Date 06/29/2001

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JC868 U.S. PTO
06/29/01

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 710)

Complete if Known

Application Number	
Filing Date	06/29/2001
First Named Inventor	DEVERILL, Ian J.
Examiner Name	
Group Art Unit	
Attorney Docket No.	11252-009

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	501-555
Deposit Account Name	Klehr, Harrison

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
101	710
106	320
107	490
108	710
114	150
201	201
320	206
490	207
710	208
203	355
214	355
9	75
Utility filing fee	
Design filing fee	
Plant filing fee	
Reissue filing fee	
Provisional filing fee	

SUBTOTAL (1) (\$ 710)

2. EXTRA CLAIM FEES

Total Claims	12	-20** =	0	X	Fee from below	Fee Paid
Independent Claims	3	- 3** =	0	X		
Multiple Dependent						

Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
103	18
102	80
104	270
109	80
110	18
203	9
202	40
204	135
209	40
210	9
Claims in excess of 20	
Independent claims in excess of 3	
Multiple dependent claim, if not paid	
** Reissue independent claims over original patent	
** Reissue claims in excess of 20 and over original patent	

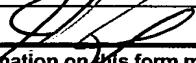
SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$)	

SUBMITTED BY		Complete if applicable			
Name (Print/Type)	John F. Letchford	Registration No. (Attorney/Agent)	33,328	Telephone	215-569-3495
Signature				Date	06/29/2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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DOCKET NO.: 11252-009

PATENT

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this Patent Application is being deposited with the U.S. Postal Service, via Express Mail, No. EL100649425US, in an envelope addressed to:

Box Patent Application
Assistant Commissioner For Patents
Washington, D.C. 20231

on June 29, 2001
Date

Vanessa G. Hilton
Signature

Vanessa G. Hilton

Typed or printed name of person signing Certificate

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

11252-009

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE	FEES
BASIC FEE (37 CFR 1.16(a))				\$ _____		
TOTAL CLAIMS (37 CFR 1.16(c))	12	minus 20 = * 0	x \$ _____ =		OR \$ 710	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 = * 0	x _____ =		OR x \$ _____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ _____ =		OR x _____ =	
				TOTAL		710

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =		
Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ _____ =			
					TOTAL		ADDITIONAL FEE

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =		
Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ _____ =			
					TOTAL		ADDITIONAL FEE

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =		
Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ _____ =			
					TOTAL		ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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